

COMMUNITY- CENTERED HOSPITAL INITIATIVE 2024-2027

The National Institute for Children's Healthy Quality (NICHQ) aspires to a world in which no Black mothers and birthing people or their infants die from preventable causes.

In the U.S., there are stark and persistent disparities in the health outcomes of mothers and birthing people and their infants by race and ethnicity. **Black women are at least three times more likely to die due to a pregnancy-related cause** when compared to White women, and **Black babies are two times more likely to die in the first year of life** compared to White babies.

NICHQ believes a new paradigm is required, one in which Community-Based Organizations, Perinatal Quality Collaboratives (PQCs), and Hospitals work together to eliminate disparities in maternal and infant mortality in their communities.

To this end, NICHQ will implement our Community-Centered Hospital Initiative (CCHI), with support from [The Studio @ Blue Meridian](#). This initiative will focus on balancing the power dynamic between communities and hospitals through a partnership with a trusted community-based organization and the involvement of PQCs charged with advancing birth equity.



A multifaceted set of causes contributes to these adverse outcomes that impact Black communities disproportionately, including social determinants of health, systemic racism, barriers to care, and lack of access to high quality and culturally responsive care. While efforts are underway to respond to this problem, these have primarily focused on clinical interventions without the authentic and community-centered engagement of the populations most impacted by these disparities.

COMMUNITY-CENTERED HOSPITAL INITIATIVE (CCHI)

Our plan is to establish a replicable program model in pilot states by the end of three years, expand it in year four, and ultimately support all 50 states in adopting this new paradigm over time.

Through these efforts, we anticipate **six pilot communities will create plans to address and improve maternal and infant health outcomes** based on their local needs and circumstances. This model and approach build on NICHQ's core assets, experiences, and advances to center community in our work with an even deeper intention. After completing the pilot, **we will be well-prepared to expand and use our experience as a national coordinating center to provide support across different locations**, providing opportunities for community-based organizations to leverage their deep connection to those most impacted by reproductive inequity. Together, they will work with hospitals to inform and design evidence-informed solutions that hospitals and POCs will implement to improve the experience and outcomes of Black mothers and birthing people and their infants.

TIMELINE

YEAR ONE

- Identify geographic areas
- Recruit CBOs and engage Hospitals
- Host listening sessions

YEAR TWO

- Co-design efforts
- Develop and implement plans

YEAR THREE

- Share evaluation findings
- Synthesize learnings
- Plan for scale and spread

YEAR FOUR

- Begin scale and spread

YEAR FIVE

- Continue scale and spread

DATA SOURCES

Hoyert DL. Maternal mortality rates in the United States, 2022. NCHS Health E-Stats. 2024. DOI: <https://dx.doi.org/10.15620/cdc/152992>.

Ely DM, Driscoll AK. Infant mortality in the United States, 2021: Data from the period linked birth/infant death file. National Vital Statistics Reports; vol 72 no 11. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: <https://dx.doi.org/10.15620/cdc/131356>.

KEY HYPOTHESES



CAPACITY BUILDING

CBOs will engage in capacity-building activities that will build their resiliency and confidence in sharing their voices and actively participating in the work of the hospitals.



RELATIONSHIP BUILDING

POCs need to develop stronger, trustworthy relationships with the communities they serve. By doing so, they can develop initiatives that are more responsive to community needs and reduce inequitable outcomes.



FOCUS ON EQUITY

Hospitals need to understand the impact of obstetric and institutional racism to build trust with the community members they serve. Hospitals will work in partnership with POCs, guided by a Community Engagement Coordinator, to examine current practices, work toward becoming an equity-empowered system, and develop a culturally responsive workforce.



PARTNER FOR CHANGE

This capacity and trust building across all three key partners (CBOs, POCs, and Hospitals) will enable them to collaborate effectively in designing, implementing, and evaluating hospital-level practice changes that are responsive to community needs and cultural contexts. This collaboration will build the institutional capacity and reinforce the sustainability of each partner.



Sign up for CCHI news and updates!

bit.ly/cchi_nichq